

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="06344"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Mark"/> <input type="text" value="A"/> <input type="text" value="Gardner"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="1101 Connecticut Ave, NW #500"/>  City <input type="text" value="Washington"/>  State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20036"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="National Postal Mail Handlers Union"/>  Labor Organization File Number <input type="text" value="000-505"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text" value="1101 Connecticut Ave, NW Suite 500"/>  City <input type="text" value="Washington"/>  State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20036"/>
5. Position in labor organization. <input type="text" value="National Secretary-Treasurer"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7. a. Nature of Interest, Transaction, or Income. <input type="text"/>  7. b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois ZIP Code + 4 60515

## 9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

Underwriter and Administrator of health plan

## 11.b. Approximate dollar value of such dealing.

over \$1 billion

## 12.a. Nature of interest held or income received.

(see attached)

## 12.b. Amount.

approx \$1270

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

2005 Calendar Year – File Number U-06344

January 11, 2005 – dinner meeting (estimated value \$50)

January 15, 2005 – dinner meeting (estimated value \$65)

February 16-17, 2005 – Health Plan Partnership Conference (self and spouse)

- two nights lodging (estimated value \$375)
- attendee group activity (estimated value \$90)
- group breakfast for self (estimated value \$25)
- group lunch for self (estimated value \$30)
- two group dinners for self and spouse (estimated value \$250)
- attendee gift (picture frame) (estimated value \$30)

March 4, 2005 – dinner meeting (estimated value \$65)

March 21, 2005 – lunch meeting (estimated value \$40)

October 6-9, 2005 – Health Plan Conference

- two group breakfasts (estimated value \$50)
- two group lunches (estimated value \$60)
- group reception (estimated value \$50)
- group dinner (estimated value \$65)
- attendee gift (carry bag) (estimated value \$25)

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